

APPLICATION FOR FUNDING AFFORDABLE HOUSING DEVELOPMENT RFP

PROJECT NAME AND ADDRESS					
Project Name:					
Address:					
City:	State:	ZIP Code:			
Assessor's Parcel Number(s):					
APPLICA	NT / DEVELOPER / OWNER INFORMA	TION			
Organization Name:					
Mailing Address:					
City:	City:	Zip Code:			
Federal Taxpayer ID Number:					
Phone:	Fax:	Email:			
Contact Person:					
Title:					
Phone:	Fax:	Email:			
What entity will own the project:					
(Note: Applicant must be the owner of the de	veloper or owner's representative)				
PERSON AUTHORIZED TO NEG	OTIATE AND SIGN LEGAL CONTRACTS	FOR THE ORGANIZATION			
Name:					
Title:					
Address:					
City:	State:	ZIP Code:			
Phone:	Fax:	Email:			
TYPE OF ORGANIZATION					
☐ For Profit ☐ Non-Profit					
If applicant is a non-profit organization, attach documents listed in Checklist as Exhibit 1					
ADMINISTRATIVE RESTRICTIONS					
Has the applicant's organization or partner/member received an unsatisfactory rating on a publicly funded project or been debarred for any period of time?		☐ Yes ☐ No			
Has the applicant's organization or partner/member been involved in any lawsuits?		☐ Yes ☐ No			
Are there any outstanding judgments a partner/member?	☐ Yes ☐ No				
Has the applicant's organization or partner/m within the last 5 years on any federally or stat	☐ Yes ☐ No				



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If any of the above responses was answered "YES", provide a short explanation (attach additional sheets if necessary).

AUDIT

Attach as **Exhibit 2**, the applicant's two (2) most recent annual audited financial statements with management letters, or certified statement of revenues and expenses, or partner's/member's statements if there are none available for the applicant's organization. For non-profits, attach proof of approval of financial statements from Board of Directors.

EXPERIENCE

As **Exhibit 3**, describe the housing experience of the applicant or partner/member within the last five (5) years. For each previous project include the name of the project, number of units, type of financing, and indicate whether financed with any public funds.

Describe the qualifications of partners in the development process. All roles and responsibilities in the development process should be outlined and assigned to qualified development team members.

Attach a list of all individuals associated with the applicant or the ownership entity that have a reportable financial interest in the project. Detail the type of participation in the project, and percentage and dollar amount of financial interest in the project.

If applicable, describe the supportive services experience or the service provider. Please include the number of individuals currently receiving project-based supportive services from this organization.

PROJECT INFORMATION

Please provide a brief description of the project:

TARGET POPULATION

For housing with supportive services, identify below the type(s) of population(s) that will reside (e.g., physically disabled children, mentally ill adults, etc.). If relevant, please identify the number or percentage of units reserved for certain populations.

INCOME TARGETS

See **Appendix A** for a list of area median incomes.

Number of units affordable to households earning less than 30% of area median income



APPLICATION FOR FUNDING

Number of units affordable to households earning less than 31-50% of area median income Number of units affordable to households earning less than 51-80% of area median income Total number of units in project HOUSING UNITS Describe the housing unit configuration of the proposed project. Attach a second copy of this page if you need more rows. Include units by bedroom size at all rent levels. Number of Bedrooms Number of Per Units Number of Per Units Systems Check the following existing systems that are adequate and available at the site: Storm Drain Sanitary Sewer Biological Resources Housing units affordable to households earning in excess of 80% of area median income Number of units in project Housing units of the proposed project. Attach a second copy of this page if you need more rows. Include units by bedroom size at all rent levels. Number of Rent (Paid by Rent Subsidy Utilities Systems Check the following existing systems that are adequate and available at the site: ENVIRONMENTAL The environmental factors checked below would be potentially affected by this project: Land Use and Planning Population and Housing Hostoric Archaeological Flood Plain Hostoric Archaeological Flood Plain Hard Sk Hazardous Materials ACCESS TO SERVICES Describe proximity of following services and facilities to proposed project site. Provide a map of project location indicating proximity of each service to site, attach as Exhibit 4 Supportive services including medical facilities. Employment Centers Schools SITE CONTROL AND VALUE	AFFORDABLE HOUSING DEVELOPMENT RFP									
Income Number of units affordable to households earning in excess of 80% of area median Income		affordable to hou	useholds	earning les	s than 31-50	0% of	area median			
Total number of units in project HOUSING UNITS Describe the housing unit configuration of the proposed project. Attach a second copy of this page if you need more rows. Include units by bedroom size at all rent levels. Number of Bedrooms Number of Bedrooms Number of Bedrooms Square Feet Punit Systems Total Units Systems Check the following existing systems that are adequate and available at the site: Storm Drain Water Natural Gas Electric		affordable to hou	useholds	earning les	s than 51-80	0% of	area median	ı		
HOUSING UNITS Describe the housing unit configuration of the proposed project. Attach a second copy of this page if you need more rows. Include units by bedroom size at all rent levels. Number of Bedrooms Number of Units Square Feet Bedrooms Number of Units Storm Drain Sanitary Sewer Storm Drain Sanitary Sewer ENVIRONMENTAL The environmental factors checked below would be potentially affected by this project: Storm Drain Sound and Housing Population and Housing Historic / Archaeological Holder of Palam Seworces Hazards & Hazardous Materials Water / Wetlands ACCESS TO SERVICES Describe proximity of following services and facilities to proposed project site. Provide a map of project location indicating proximity of each service to site, attach as Exhibit 4 Supportive services including medical facilities Employment Centers Store Of Pals Access To SERVICES Describe proximity of following services and facilities to proposed project site. Provide a map of project location indicating proximity of each service to site, attach as Exhibit 4 Supportive services including medical facilities. Employment Centers Storn Oral Described more rows. Include a mean of project location indicating Parks and Recreation STIE CONTROL AND VALUE		affordable to ho	useholds	earning in	excess of 80	0% of	area median	1		
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Number of Bedrooms Number of Nu										
Bedrooms Units per Unit Bathrooms Resident) Continue	Describe the h	ousing unit config							is page if you ne	ed more rows.
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SYSTEMS Check the following existing systems that are adequate and available at the site: Storm Drain	Total Units									
Storm Drain					SYSTEM	15				
Sanitary Sewer	Check the following	ng existing system	ns that a	ire adequate	and available	e at the	e site:			
The environmental factors checked below would be potentially affected by this project: Land Use and Planning	=			`					Natural Gas	
□ Land Use and Planning □ Biological Resources □ Public Services □ Utilities & Service Systems □ Historic / Archaeological □ Noise □ Transportation/Circulation □ Air Quality □ Cultural Resources □ Recreation □ Recreation □ Recreation □ Recreation □ Public Services □ Utilities & Service Systems □ Transportation/Circulation □ Air Quality □ Cultural Resources □ Recreation □ Recreat	,									
□ Population and Housing □ Geologic Problems □ Utilities & Service Systems □ Historic / Archaeological □ Noise □ Transportation/Circulation □ Air Quality □ Cultural Resources □ Recreation □ Water / Wetlands □ Energy & Mineral Resources □ Recreation □ Recreation □ Provide a map of project location indicating proximity of each service to site, attach as Exhibit 4 Supportive services including medical facilities. □ Parks and Recreation □ Parks and Recreation □ Public Transportation □ SITE CONTROL AND VALUE	The environmental factors checked below would be potentially affected by this project:									
Describe proximity of following services and facilities to proposed project site. Provide a map of project location indicating proximity of each service to site, attach as Exhibit 4 Supportive services including medical facilities. Employment Centers Schools Shopping Facilities Public Transportation SITE CONTROL AND VALUE	☐ Populat☐ Historic☐ Flood P☐ Hazards	ion and Housing :/ Archaeological lain s & Hazardous Ma	terials	☐ Geologic Problems ☐ Noise ☐ Air Quality			Utilities & Service Systems Transportation/Circulation Cultural Resources			
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medical facilities. Employment Centers Schools Shopping Facilities Parks and Recreation Schools Public Transportation SITE CONTROL AND VALUE										
Shopping Facilities Public Transportation SITE CONTROL AND VALUE	• •	es including			Pa	arks an	d Recreation			
SITE CONTROL AND VALUE	Employment Cent	ers	Schools							
Chack the box that best describes the form at site control held at the time of application. Include a convent the appropriate	Check the box that best describes the form of site control held at the time of application. Include a copy of the appropriate									

application. Include a copy of the appropr document as **Exhibit 5**.

			ATT_B			
SAN BEENVERING		N FOR FUNDING NG DEVELOPMENT	RFP			
Deed or other proof of ownership	Executed Option to Purchase	☐ Long-term Lease	Other			
Does a direct or indirect identity	of interest exist between the a	pplicant and the seller of the pr	roperty?			
☐ Yes If yes, specify relationship:		_ □ No	□ No			
		quired. Please submit site apprairing site control to ensure a fair	aisal as Exhibit 5 . CoRDA strongly price.			
	DI	ESIGN				
or photos of similar projects (ir work write-ups and specificati required to have an architect's generally remain the same. Provide a description of your p	nclude address for subject photo ons, as well as detailed cost stamp on final plans. It is es procurement process for the an	os). After project approval, fina information will be required. expected that the rest of the info chitect, contractor, construction	inary work write-ups, specifications al site plans, elevations, floor plans, New construction projects will be formation provided in this part will a manager, and other development ompany statements of qualification,			
and resumes of key personnel.			impany statements of qualification,			
Provide a development timetab	le for the project.					
	ds or technologies that increase	e the structure's durability, seco	r certification. Also, describe any urity, and/or that promote efficient code for new construction.			
Identify units meeting the acceunits.	ssibility requirements and descr	ibe the planned construction fea	atures. Provide plans for accessible			
	FIN	IANCES				
ALL REQUESTED FINANCIAL what is being requested, ple			IBIT. If you do not understand			
Exhibit 7, detail the following:						
One year operatPro forma (projeAll sources that	s, including proposed terms for ing budget ect cash flow), including rental s you have contacted for funding	_				
	TAX CREDIT/BO	ND PROJECTS ONLY				
Projects awarded CoRDA fundir CTAC applications for review wl reviewed the final CTAC applica	nen they are available (Exhibit		xet study information and final will not be issued until we have			
	BONUS POI	NT ELIGIBILITY				

Check the box(es) of any category for which you feel that you project is eligible to receive bonus points. Please provide documentation in **Exhibit 9** of your reasons for qualification.

☐ Extremely Affordable Units

☐ Energy Efficiency (in excess of threshold)
☐ Sustainable Building



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SIGNATURE OF AUTHORIZED OFFICIAL				
By signing below, the applicant certifies that the information provided in this application a	and exhibits are true and complete.			
Signed by:	Date:			
Name (in print):				
Title:				